U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This reportes mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 8318

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

*.	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Peter Byrne	Name plumbers Union Local 690
	Labor Organization File Number 034-585
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2791 Southampton Rd.	Street 2791 Southampton Rd.
City Philadelphia	City Philadelphia
State Pennsylvania ZIP Code + 4 19154	State Pennsylvania ZIP Code + 4 19154
5. Position in labor organization. Assistant Business Manager	
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	71.0
Street	7.b. Amount.
City	
State ZIP Code + 4	
	gnature
15. Signature and verification. The undersigned declares, under penalty of submitted in this copart (including the information penalty in any assessment)	of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the s	section on penalties in the instructions.)
undersigned's knowledge and belief, true, correct, and complete. (See the s	On S-8-05 215-6700 Date Telephone Number

Name of Person Filing Peter Byrne	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Plumbers Local 690 Industry Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2791 Southampton Road City Philadelphia State Pennsylvania ZIP Code + 4 19154	9. Business deals with: A Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Trustee for Plumbers Local 690 Metal Trades Pension Plan, Plumbers Local 690 Pension Plan and Health Plan.	
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	Balance of registration, airfare, hotel or meal expenses related to attendance at 48th Annual International Foundation Employee Benefit Plan Conference.	
	ACT ACT	
	12.b. Amount. \$57	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.	
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.	